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PATENT  
450100-4490.5

\$ AF  
P. 2876

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE


Applicant(s) : Yoshio KONDO et al.  
Serial No. : 09/484,306  
For : MEMORY CARD AND APPARATUS FOR USE THEREWITH  
Filed : January 18, 2000  
Examiner : Daniel I. Walsh  
Art Unit : 2876

745 Fifth Avenue  
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on March 19, 2004.

William S. Frommer, Reg. No. 25,506

\_\_\_\_\_  
Name of Applicant, Assignee or Registered Representative

  
\_\_\_\_\_  
Signature

March 19, 2004

\_\_\_\_\_  
Date of Signature

AMENDMENT UNDER 37 CFR 1.116

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Final Office Action dated December 19, 2003, please amend the above-identified application as follows:

03/23/2004 AWONDAF1 00000106 09484306

01 FC:1201

172.00 OP



PATENT  
450100-4490.5

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745 Fifth Avenue  
New York, NY 10151  
Tel: 212-588-0800

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.  
☒ The fee has been calculated as shown below.  
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

**Claims as Amended**

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	32	Minus	** =40	* 0 x	\$18 (9)	= \$ 0
Independent claims	6	Minus	*** =4	* 2 x	\$86 (43)	= \$ 172.00
Total additional fee for this amendment						\$ 0

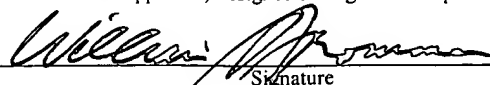
- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.  
\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the \_\_\_\_\_ month following the expiration of the term originally set therefor. This is a petition to request a \_\_\_\_\_ month extension of time. A check covering the cost of the petition is enclosed.
- ☒ A check in the amount of \$172.00 is attached, which covers the cost of ☒ additional claims \_\_\_\_\_ petition for extension of time.
- ☐ Charge \$\_\_\_\_\_ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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William S. Frommer, Reg. No. 25,506

Name of Applicant, Assignee or Registered Representative

  
Signature

March 19, 2004

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP  
Attorneys for Applicants

By:   
William S. Frommer  
Reg. No. 25,506  
Tel: 212-588-0800

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